

CERLCIS OFF-SITE DISPOSAL REPORT

1 Superfund Site Name/ State/SS ID Number: Clute Texas Mercury Emergency Response/Texas/66W0RV00

2 Type of Action

<input checked="" type="checkbox"/>	Removal	<input type="checkbox"/>	Fund Financed
<input type="checkbox"/>	Remedial	<input type="checkbox"/>	PRP Financed

3 Type (check one) and Form (check one) of waste; if more than one type, attach separate sheets for this and remaining questions for each type

Type	Forms
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/ furans	<input type="checkbox"/> Liquid Wastes
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge
<input checked="" type="checkbox"/> Heavy metals	<input type="checkbox"/> (>1% total solids)
Specify metals ____ D009	<input type="checkbox"/> Inorganic sludge
<input type="checkbox"/> Acids	<input type="checkbox"/> (<1% total organic carbon)
<input type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated soil and debris
<input type="checkbox"/> Halogenated Organics	<input checked="" type="checkbox"/> Solid or solidified waste
<input type="checkbox"/> Other RCRA-listed hazardous waste	please specify ____ Elemental Mercury/Debris
<input type="checkbox"/> non-hazardous or de-listed wastes	

4 Quantity of waste:

<input type="checkbox"/>	cubic yards
<input type="checkbox"/>	tons / lbs
<input type="checkbox"/>	gallons
<input type="checkbox"/>	lab packs
<input type="checkbox"/>	3 drums (5-gal, 15-gal and 25-gal)

5 Range, average, and/or representative concentrations of the contaminants of concern: >.2 mg/L

6 Pre Treatment of Waste before transportation:

<input type="checkbox"/> precipitation	<input type="checkbox"/> neutralization
<input type="checkbox"/> solidification	<input type="checkbox"/> fixation
<input type="checkbox"/> stabilization	<input type="checkbox"/> other (solar vaporization)

7 Receiving RCRA facility name/ location/ ID number/ units: Clean Harbors Deer Park
LaPorte, TX
TXD055141378

8 Receiving Region: Region VI

9 Receiving region off-site contact:

Name: ____ Ron Shannon

Date: ____ 7/10/2008

10 Date(s) of Shipment: 8/7/2008

Date disposal is completed/ facility signs manifests for receipt of final shipment ____ 8/12/2008

11 Pre-treatment of waste at site before final treatment or disposal:

<input type="checkbox"/> precipitation	<input type="checkbox"/> neutralization
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	solidification		fixation
	stabilization		other (solar vaporization)

12 Final method of treatment or disposal/ unit receiving:

	precipitation
	neutralization
	incineration
	landfill
	land treatment
	injection
	recovery/ re-use
x	other (___ retort

13 If waste was landfilled:

What disposal cell number or location?: N/A

Type of Liner used in cell? (e.g. PVC, Clay, hypalon): N/A

14 Cost of Activities

\$ 400.00	Treatment and disposal cost per unit: 5-gal
\$ 800.00	Treatment and disposal cost per unit: 15-gal
\$ 1,000.00	Treatment and disposal cost per unit: 25-gal
\$ 2,200.00	Total cost based on treatment and disposal only (no transportation)
\$ 37.00	Transportation cost per unit: Box Van
\$ 111.00	Total cost for transportation only

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<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge
<input checked="" type="checkbox"/> Heavy metals	<input type="checkbox"/> (>1% total solids)
Specify metals ____ D009	<input type="checkbox"/> Inorganic sludge
<input type="checkbox"/> Acids	<input type="checkbox"/> (<1% total organic carbon)
<input type="checkbox"/> PCBs	<input checked="" type="checkbox"/> Contaminated soil and debris
<input type="checkbox"/> Halogenated Organics	<input type="checkbox"/> Solid or solidified waste
<input type="checkbox"/> Other RCRA-listed hazardous waste	please specify _____
<input type="checkbox"/> non-hazardous or de-listed wastes	

4 Quantity of waste:

<input type="checkbox"/>	cubic yards
<input type="checkbox"/>	tons / lbs
<input type="checkbox"/>	gallons
<input type="checkbox"/>	lab packs
<input type="checkbox"/>	3 drums (55-gal)

5 Range, average, and/or representative concentrations of the contaminants of concern: >.2 mg/L

6 Pre Treatment of Waste before transportation:

<input type="checkbox"/> precipitation	<input type="checkbox"/> neutralization
<input type="checkbox"/> solidification	<input type="checkbox"/> fixation
<input type="checkbox"/> stabilization	<input type="checkbox"/> other (solar vaporization)

7 Receiving RCRA facility name/ location/ ID number/ units:

Clean Harbors Deer Park
LaPorte, TX
TXD055141378

8 Receiving Region: Region VI

9 Receiving region off-site contact:

Name: ____ Ron Shannon

Date: ____ 7/10/2008

10 Date(s) of Shipment: 8/7/2008

Date disposal is completed/ facility signs manifests for receipt of final shipment _____ 8/12/2008

11 Pre-treatment of waste at site before final treatment or disposal:

	precipitation		neutralization
	solidification		fixation
X	stabilization		other (solar vaporization)

12 Final method of treatment or disposal/ unit receiving:

	precipitation
	neutralization
	incineration
X	landfill
	land treatment
	injection
	recovery/ re-use
	other (_____)

13 If waste was landfilled:

What disposal cell number or location?:

Type of Liner used in cell? (e.g. PVC, Clay, hypalon):

14 Cost of Activities

\$ 167.00	Treatment and disposal cost per unit: 55-gal
\$ 1,002.00	Total cost based on treatment and disposal only (no transportation)
\$ 37.00	Transportation cost per unit: Drum
\$ 222.00	Total cost for transportation only

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Specify metals ____ D009	<input type="checkbox"/> Inorganic sludge
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<input type="checkbox"/> Other RCRA-listed hazardous waste	please specify _____
<input type="checkbox"/> non-hazardous or de-listed wastes	

4 Quantity of waste:

<input type="checkbox"/>	cubic yards
<input type="checkbox"/>	tons / lbs
<input type="checkbox"/>	gallons
<input type="checkbox"/>	lab packs
<input type="checkbox"/>	3 drums (55-gal)

5 Range, average, and/or representative concentrations of the contaminants of concern: >.2 mg/L

6 Pre Treatment of Waste before transportation:

<input type="checkbox"/> precipitation	<input type="checkbox"/> neutralization
<input type="checkbox"/> solidification	<input type="checkbox"/> fixation
<input type="checkbox"/> stabilization	<input type="checkbox"/> other (solar vaporization)

7 Receiving RCRA facility name/ location/ ID number/ units:

Clean Harbors Deer Park
LaPorte, TX
TXD055141378

8 Receiving Region: Region VI

9 Receiving region off-site contact:

Name: ____ Ron Shannon

Date: ____ 7/10/2008

10 Date(s) of Shipment: 8/7/2008

Date disposal is completed/ facility signs manifests for receipt of final shipment _____ 8/12/2008

11 Pre-treatment of waste at site before final treatment or disposal:

precipitation
solidification
stabilization

X

neutralization
fixation
other (macroencapsulation)

12 Final method of treatment or disposal/ unit receiving:

X

precipitation
neutralization
incineration
landfill
land treatment
injection
recovery/ re-use
other (_____)

13 If waste was landfilled:

What disposal cell number or location?: N/A

Type of Liner used in cell? (e.g. PVC, Clay, hypalon): N/A

14 Cost of Activities

\$ 202.00
\$ 1,212.00
\$ 37.00
\$ 222.00

Treatment and disposal cost per unit: **55-gal**
Total cost based on treatment and disposal only (no transportation)
Transportation cost per unit: **Box Van**
Total cost for transportation only

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<input type="checkbox"/> Heavy metals	<input type="checkbox"/> (>1% total solids)
<input type="checkbox"/> Specify metals _____	<input type="checkbox"/> Inorganic sludge
<input type="checkbox"/> Acids	<input type="checkbox"/> (<1% total organic carbon)
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<input type="checkbox"/> Halogenated Organics	<input type="checkbox"/> Solid or solidified waste
<input type="checkbox"/> Other RCRA-listed hazardous waste	<input type="checkbox"/> please specify _____
<input checked="" type="checkbox"/> non-hazardous or de-listed wastes	

4 Quantity of waste:

<input type="checkbox"/>	cubic yards
<input checked="" type="checkbox"/> 4.99	tons / lbs
<input type="checkbox"/>	gallons
<input type="checkbox"/>	lab packs
<input type="checkbox"/>	drums

5 Range, average, and/or representative concentrations of the contaminants of concern: N/A

6 Pre Treatment of Waste before transportation:

<input type="checkbox"/> precipitation	<input type="checkbox"/> neutralization
<input type="checkbox"/> solidification	<input type="checkbox"/> fixation
<input type="checkbox"/> stabilization	<input type="checkbox"/> other (solar vaporization)

7 Receiving RCRA facility name/ location/ ID number/ units:

Allied Waste Galveston County
3936 Avenue A
Alta Loma, TX 77705

8 Receiving Region: Region VI

9 Receiving region off-site contact:

Name: _____ Ron Shannon

Date: _____ 7/10/2008

10 Date(s) of Shipment: 7/12/2007

Date disposal is completed/ facility signs manifests for receipt of final shipment _____ 7/29/08 and 8/6/08

11 Pre-treatment of waste at site before final treatment or disposal:

precipitation
solidification
stabilization

neutralization
fixation
other (macroencapsulation)

12 Final method of treatment or disposal/ unit receiving:

x

precipitation
neutralization
incineration
landfill
land treatment
injection
recovery/ re-use
other (_____)

13 If waste was landfilled:

What disposal cell number or location?:

3D-West Grid 1H 23-24 Elevation 40
3C-East Grid MN 13-14 Elevation 40

Type of Liner used in cell? (e.g. PVC, Clay, hypalon): 60ml HDPE

14 Cost of Activities

\$ 34.80
\$ 173.65
\$ 715.00
\$ 1,430.00

Treatment and disposal cost per unit: **Ton**
Total cost based on treatment and disposal only (no transportation)
Transportation cost per unit: **Roll-off**
Total cost for transportation only